

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2018 thru 12/31/2020.

Employer: Morris County Park Commission

County: Morris

Date: 5/3/2018

Name: Mary Susan D'Amore
Print Name

Title: Labor Relations Specialist


Signature